STATE OF ARIZONA EMPLOYEE TRAVEL CLAIM

AGENCY:	PHONE
PREPARED BY ACCT:	
ENTERED BY:	DATE / /

AGY (3)	DATE((6)	TYP(1)	NO (3)
	/ /		

EMPLOYEE NAME	SOCIAL SECURITY NO (VENDOR NO) (11)
EMPLOYEE ADDRESS	PERIOD (MO/YR)

SOCIAL SECURITY NO: 2 | | | | | | | | | 0

MC (3): 001 DUTY POST

PURPOSE OF TRAVEL/DESCRIPTION

VEHICLE TYPE
- [ ] STATE
- [ ] RENTAL
- [ ] PERSONAL
- [ ] PASSENGER

DATE	PLACE DEPARTED FROM	TIME	PLACE ARRIVED AT	TIME	ODOMETER START	ODOMETER END	MILES	MILES X RATE=$	MEALS & INCIDENTAL	LODGING	OTHER EXPENSES	TRANS-PORTATION	TOTAL EXPENSES

BY MY SIGNATURE HEREON, I AGREE THAT I WILL RETURN ANY AMOUNTS ADVANCED TO ME IN EXCESS OF THE AMOUNT OF THIS CLAIM WITHIN TEN (10) DAYS OF THE DATE TRAVEL IS COMPLETED. I UNDERSTAND THAT ANY TRAVEL, ADVANCE NOT REIMBURSED IN A TIMELY MANNER MAY BE DEDUCTED FROM ANY SALARY, WAGES, OR TRAVEL EXPENSE REIMBURSEMENT DUE TO ME. (ARS 35-192.02)

TOTALS>

BALANCE BROUGHT FORWARD FROM CONTINUATION PAGES >

TOTAL TRAVEL EXPENSES >

DOC DATE (6)	EFF DATE (6)	CUR DOC (8)	AGY (3)	DOC AMOUNT $(11) ¢(2)	DOC AGY (3)	CLAIM AMOUNT
/ /	/ /					

DOC SFX (3)	REF DOC (8)	REF SFX (3)	M (1)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COBJ (4)	AOBJ (4)	AMOUNT $(11) ¢(2)	R (1)

I CERTIFY THAT THE ABOVE ITEMS OF EXPENSE WERE INCURRED FOR AUTHORIZED OFFICIAL STATE BUSINESS; THEY ARE CORRECT AND PROPER CHARGES; THE PRIVATE VEHICLE IF USED, IS COVERED BY LIABILITY INSURANCE.

DRIVER LICENSE NO.

EMPLOYEE SIGNATURE/DATE

I CERTIFY THAT THE ABOVE TRAVEL WAS AUTHORIZED FOR OFFICIAL STATE BUSINESS AND PAYMENT THEREOF WILL NOT EXCEED APPROPRIATION ALLOTMENT OR OTHER AUTHORIZED FUNDS.

SUPERVISOR SIGNATURE   DATE

AGENCY ACCOUNTING AUTHORIZED SIGNATURE   DATE

GAO-503-EZ (11/06)